

## MEDS - Medical Summary

This screen is used to record basic health care and medical insurance information for a specific client.

```
CAFSMEDS                MEDICAL SUMMARY                07/06/2016    11:28
USER ID : C74142SW MODIFY
CAPS ID : 00001214      00      NAME: PICKLE, PARKER

HEIGHT: 2  3      WEIGHT: 45      DISTINGUISHING FEATURES : N
HAIR  : BLN      BLONDE      MEDICAL/MENTAL DETAIL (MMHD) : Y
EYES  : BLU      BLUE      PRESCRIPTION MEDICATION (MDTD) : Y
BLOOD TYPE: A      ALLERGIES: N      MRM : N      MEDICAL CASE MGMT : N
PREGNANT - DUE :

PRIMARY PHYSICIAN: DR SPOCK
DATE OF LAST EPSDT SCREEN :
IMMUNIZATION RECORD REQUESTED :      PROVIDED :
HEALTH INFORMATION REQUESTED :      PROVIDED :

----- PAGE NO: 001
HEALTH CARE COVERAGE : 701      AETNA
POLICY NUMBER : 456789      GROUP CERTIFICATION #: 987654
POLICY HOLDER CAPS-ID: 00001215      POLICY HOLDER SSN: 685-23-6985
      NAME (L,F,M): PICKLE      PATRICIA
ISSUED DATE: 01/01/2013      END DATE: 12/31/2013      VERIFIED DATE: 01/02/2013
SHFT+F10=ADD ADDITIONAL INSURANCE
FS900018 UPDATE SUCCESSFUL      . PATH: _
```

**Field Descriptions** (F12) indicates code lookup is available.

### *CAPS ID (F12)*

Enter the CAPS ID of the client you want to add or view medical information for.

### *NAME*

This field will display the name of the client whose CAPS ID is entered in the CAPS ID field.

### *HEIGHT*

Enter the height for the client. *There are two fields – first field is “feet”, second field is “inches”. You do not need the single and double quotes to indicate feet/inches.*

### *WEIGHT*

Enter the weight for the client.

### *DISTINGUISHING FEATURES*

Enter “Y” (yes) if the client has any distinguishing features (scars, tattoos, piercings, etc) or “N” (no) if the client does not have any distinguishing features. *If answering with a “Y”, type up the distinguishing features in a Word document and attach as a note in DocGen.*

#### **HAIR (F12)**

Enter the hair color for the client.

#### **MEDICAL/MENTAL DETAIL (MMHD)**

This field will display “Y” (yes) if there are details entered on the MMHD (Medical/Mental Health Detail) screen or “N” (no) if the MMHD (Medical/Mental Health Detail) screen is blank.

#### **EYES (F12)**

Enter the eye color for the client.

#### **PRESCRIPTION MEDICATION (MDTD)**

This field will display “Y” (yes) if there are details entered on the MDTD (Medication / Treatment Detail) screen or “N” (no) if the MDTD (Medication/Treatment Detail) screen is blank.

#### **BLOOD TYPE**

Enter the blood type for the client. *Enter + for positive types and – for negative types. For example B+ or O-).*

#### **ALLERGIES**

Enter “Y” (yes) if the client has any allergies or “N” (no) if the client does not have any allergies. *If answering with a “Y”, type up the allergies in a Word document and attach as a note in DocGen.*

#### **MRM**

This field will default “N” (no). *This field does not apply to CPS, so you can leave it as the default.*

#### **MEDICAL CASE MGMT**

This field will default “N” (no). *This field does not apply to CPS, so you can leave it as the default.*

#### **PREGNANT – DUE**

If the client is pregnant, enter the month and year (12/2011) the client is due.

#### **PRIMARY PHYSICIAN**

Enter the name of the client’s primary physician, if one exists.

#### **DATE OF LAST EPSDT SCREEN**

CAPS displays the date of the client's last EPSDT (Early Prevention, Screening and Diagnostic Testing) screen based on the most recent EPS entry from MMHD.

***IMMUNIZATION RECORD REQUESTED***

This field will default the date the D210 (Request for Clients School/Medical Records) document is run for the client.

***PROVIDED***

If immunization records were requested, enter the date the records were provided. *A date cannot be entered in this field if there is not a date in the IMMUNIZATION RECORD REQUESTED field.*

***HEALTH INFORMATION REQUESTED***

This field will default the date the D210 (Request for Clients School/Medical Records) document is run for the client.

***PROVIDED***

If health information was requested, enter the date the information was provided. *A date cannot be entered in this field if there is not a date in the HEALTH INFORMATION REQUESTED field.*

***HEALTH CARE COVERAGE (F12)***

If the client has private health insurance, enter the health insurance company.

***POLICY NUMBER***

Enter the policy number for the health insurance policy.

***GROUP CERTIFICATION #***

Enter the group certification number for the health insurance policy.

***POLICY HOLDER CAPS-ID (F12)***

Enter the CAPS ID of the person who holds the health insurance policy. *If a CAPS ID is entered, the policy holder SSN (if one was entered) and name information will default automatically.*

***POLICY HOLDER SSN***

Enter the social security number of the person who holds the health insurance policy, if a CAPS ID was not entered in the POLICY HOLDER CAPS-ID field, or if one doesn't default.

***NAME (L, F, M)***

Enter the name (Last name, First name, Middle initial) of the person who holds the health insurance policy, if a CAPS ID was not entered in the POLICY HOLDER CAPS-ID field

***ISSUED DATE***

Enter the issuance date of the health insurance policy.

*END DATE*

Enter the end date of the health insurance policy.

*VERIFIED DATE*

Enter the verified date of the health insurance policy. *This typically means you have made a copy of their insurance card for the case file.*

**Additional Information**

Pressing SHIFT+F10=ADD ADDITIONAL INSURANCE will clear out the health insurance portion of the screen for you to add a 2<sup>nd</sup> or new policy without losing the history of the initial entry.